

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Boon</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>2</i>		Year <i>1902</i>	
Date of death <i>1902</i>		Month <i>May</i>		Day <i>2</i>		Year <i>1902</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician
		Address
Accident or Suicide		

